



QuickStart Summer Tennis Camps

Who? Juniors ages 3-8 years of all ability levels.

When? 4-day camps. Mondays-Thursdays:

(1) June 3-6

(2) June 10-13

(3) June 17-20

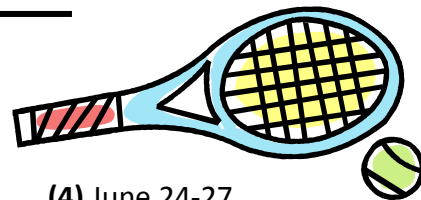
(4) June 24-27

(5) July 8-11

(6) July 15-18

(7) July 22-25

(8) July 29-August 1

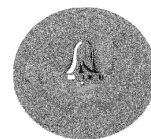


Time: 3-5 year olds: 9:00-10:00 – Mini Camp
5-8 year olds: 10:00-11:30 – Mini Camp

Format: Basic fundamentals, footwork drills and games, strategy, match play and lots of Fun!

Fee: 3-5 yrs: \$35 (Discount: \$30 each for more than one camper in family)
5-8 yrs: \$70 (Discount: \$66 each for more than one camper in family)
Checks payable to Raoul Bax.

Staff: Camp Director, Raoul Bax (USPTA).
Other instructors will be used as needed.



Cobb County...Expect the Best!

Registration: 1. Lost Mountain Tennis Center. Phone #: (770) 528-8525.
or 2. *Mail to:* Lost Mountain Tennis Center, 4845 Dallas Hwy, Powder Springs, GA 30127.
Fee payable to Raoul Bax by the Thursday before camp starts.

Registration start date is April 1.

Campers may bring their own snacks or bring change for the vending machines.

See back of registration for other information.



LOST MOUNTAIN JUNIOR TENNIS CAMP (QUICKSTART) REGISTRATION – SUMMER 2013

Camper's Name _____ Age _____ Gender: M ☐ F ☐

Street _____ City _____ State _____ Zip _____

(\$18 fee) T-shirt (please check) ☐ yes ☐ no Size: ☐ youth ☐ adult (please circle) S M L XL

Ability level (please check): ☐ Beginner / ☐ Intermediate / ☐ Advanced

Allergies / Medical concerns / Other: _____

Date(s) registering: _____

Parent/Guardian: _____

Phone #s: Home: _____ Work: _____ Cell: _____

E-mail: _____

OFFICE USE ONLY: Amt Paid: _____ Cash ☐ Check ☐ Check # _____ Date: _____ Initials _____

Rainouts/Inclement Weather

If the weather is questionable please call Lost Mountain Tennis Center @ (770) 528-8525 about 30 minutes prior to the camp time to find out status of camp for that day.

Rainouts may be made up during future camp dates on any day that fits the camper's schedule. Please call Raoul at (678) 978-2010 and leave a message regarding the future date/day for which the camper will be making up his/her lost lessons. Please leave message at least one week prior to make up date(s) so Raoul can make arrangements with his staff.

Groupings

Campers will be placed into groups of similar ability, or if parents request special groupings, we will do our best to accommodate your child. Initially, the campers may be grouped by age to help distinguish ability levels. If your child has a special need or request, please notify Lost Mountain staff.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.

RELEASE AND HOLD HARMLESS AGREEMENT - PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs department to organize any required medical or first-aid procedure, or to take the undersigned to a hospital emergency room treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Board, the Cobb Arts Board, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE:_____ BY:_____ Signature of Participant

DATE:_____ BY:_____ Signature of Parent or Guardian

Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.